



CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
ON THE SCHOOL
HEALTH SERVICE

FOR THE YEAR ENDED 31st DECEMBER, 1946

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LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

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Councillor M. M. HAPPOLD, M.A. Councillor DOROTHY MURPHY, J.P.

..	W. JACKSON.	..	R. R. THOMAS.
..	ELIZABETH M. LISTER.	..	F. WALKER, O.B.E.
..	W. MERRITT.		

Co-opted Members :

Mrs. M. MUIR. Rev. A. S. REEVE, M.A.

MEDICAL STAFF

Acting School Medical Officer—MAURICE E. WILLCOCK, M.B., Ch.B., D.P.H.*Full-time Assistant School Medical Officers*—

HERBERT HARGREAVES, M.B., B.S.

RONALD WOOD, M.B., Ch.B.

IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

GWENDOLEN F. PRINCE, M.B., Ch.B., D.C.H.

*BERNARD SCHROEDER, M.B., Ch.B.

HERMAN G. HUTTON, B.A. (CANTAB.), M.R.C.S., L.R.C.P., D.P.H.

Temporary Assistant School Medical Officers—

GRACE HOLEY, M.B., Ch.B.

ANNE M. NUTT, M.B., Ch.B.

Consulting Surgeon (Ear, Nose and Throat)—ALEXANDER SHARP, C.B., C.M.G., F.R.C.S. (Edin.).*Consulting Surgeons (Orthopaedic)*—

REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S.

JOHN M. P. CLARK, M.B.E., F.R.C.S.

Consulting Ophthalmic Surgeon—GEORGE BLACK, M.B., B.S. (LOND.), F.R.C.S. (ENG.)*Specialists in Children's Diseases*—

CHARLES WILFRID VINING, M.D., F.R.C.P.

WILLIAM S. M. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E.

Consulting Dermatologist—JOHN T. INGRAM, M.D., F.R.C.P.

MEDICAL STAFF —(continued)

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.
 ARTHUR H. GREEN, L.D.S. (*Resigned 30.9.46*).
 DAVID E. TAYLOR, L.D.S.
 HENRY E. GRAY, L.D.S.
 GEORGE M. S. MCGIBBON, L.D.S.
 LAWRENCE MORAN, L.D.S.
 J. WALTER SHAW, H.D.D., L.D.S.
 DOUGLAS M. MCGIBBON, L.D.S.
 JOHN MILLER, L.D.S.
 JAMES W. WHITELAW, L.D.S.
 HERBERT GAUNT, B.Ch. D.
 TORQUIL M. BAIN, L.D.S.
 HENRY H. HAMMOND, L.D.S. (*Temp. from 14.1.46 to 30.4.46*).
 FRANK A. GOSTLING, L.D.S. (*Appointed 25.11.46*).
 ROBERT CARSON, L.D.S. (*Appointed 2.12.46*).

School Nurses—

I. FERGUSON (<i>Senior Nurse</i>).	M. P. O'MEARA (<i>Temp. from 1.5.46</i>).
J. TOTTIE.	E. WILSON.
E. M. HEARNSHAW.	E. WHURR.
E. D. WYNN.	G. SMITH.
L. MOODY (<i>Resigned 30.4.46</i>).	H. SIMPSON.
M. ABBOTT.	M. CHERRETT.
A. SHACKLETON.	E. K. BRIGGS.
M. HOLMES.	A. A. POSKITT.
G. E. PRIOR.	M. K. MACPHERSON.
B. ATKINSON.	S. E. WEBSTER.
W. HOLDSWORTH.	G. M. PENFOLD.
I. M. CONDELL.	E. M. MILLS.
M. BANKS (<i>Temp. from 13.5.46</i>).	A. HAYES (<i>Resigned 25.1.46</i>).

Massengers—

W. WEAR.	M. HENDERSON.
M. E. SWINGLEHURST.	J. D. BROWELL (<i>Resigned 31.8.46</i>).
E. M. WATTS (<i>Temp. from 9.9.46</i>).	

Speech Therapist—

BLANCHE JACKSON (Mrs.).

REPORT OF THE ACTING SCHOOL MEDICAL
OFFICER FOR THE YEAR ENDED THE
31ST DECEMBER, 1946.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Health Service of the City of Leeds for the year ended the 31st December, 1946.

Professor C. W. Vining has relinquished his appointment on the staff honorary staff of the General Infirmary, but has kindly agreed to continue as Honorary Consultant to the Authority. In his place Dr. W. S. Craig, Professor of Child Health in the University, has accepted the post of Consultant in Children's Diseases in the School Health Service.

Mr. R. Broomhead resigned his appointment as Orthopædic Consulting Surgeon and has been succeeded by Mr. J. M. P. Clark. Mr. Broomhead, whose keen interest in the work of the orthopædic department has been of great value to the Service during the nine years he has held the appointment, remains an Honorary Consultant to the Authority.

Dr. B. Schröder and Dr. H. G. Hutton returned from active service to resume their duties as School Medical Officers in January, but in October Dr. Schroeder was granted leave of absence to take the course for the Diploma in Public Health.

On the dental side, Mr. A. H. Green, Mr. G. M. S. McGibbon, Mr. J. W. Shaw, Mr. D. M. McGibbon and Mr. J. Miller took up their duties as Dental Officers again after service with H.M. Forces. The temporary appointments of Mr. H. Gaunt and Mr. T. M. Bain were made permanent in November, when Mr. R. Carson and Mr. F. A. Gostling were appointed to succeed Mr. A. H. Green, who had resigned to enter private practice, and Mr. N. K. Davidson, who had accepted another post on his discharge from the Services.

Miss J. D. Browell, masseuse attached to Potternewton School for Physically Handicapped Children, resigned in consequence of her marriage. Miss E. M. Watts has been appointed to fill the vacancy, temporarily.

Nurse L. Moody, who has given loyal service to the Authority for twenty-two years, retired in April, and Nurse A. Hayes resigned her temporary appointment in January. Temporary appointments of Nurse M. Banks and Nurse M. O'Meara were made in May to fill these vacancies.

Development. Early in the year the agreements with the General Infirmary, St. James's Hospital and the Public Dispensary for the treatment of school children referred by the School Health Service were completed and approved by the Ministry of Education. So during practically the whole of 1946 the cost of all treatment of school children referred to these hospitals by the Authority and either treated as out-patients or admitted to hospital has been borne by the Education Authority.

For in-patients either in the General Infirmary or St. James's Hospital the Authority pays the ascertained daily bed charge for every day the child is retained in hospital. For out-patients at the Infirmary or Dispensary a nominal fee is paid for children who receive no treatment there but are referred to the family doctor or are kept under observation at the hospital. For children treated in the out-patient departments of these hospitals payment is made according to a scale varying with the type of treatment required ; this payment is made when the treatment has been completed.

During the year 1,751 children have been treated as out-patients and 608 as in-patients, at a cost to the Authority of £8,687 3s. 7d.

The arrangements with the hospitals have worked very smoothly and we are indebted to the hospital staffs, and especially to the Lady Almoners, for their co-operation in the working of the scheme. In each case reports have come back to the School Health Service of the diagnosis, treatment given and final result. These reports are of great value in making our records of each child's medical history as complete as possible.

In this connection it is obviously desirable that the School Medical Officers should be brought into more intimate relations with the actual treatment of the children referred to hospitals by them than they have been in the past. At present the School Medical Officer examines a child and refers him for treatment, but may not see the child again until treatment has been completed.

Both Professor Vining and Professor Craig are strongly in favour of a closer liaison between the hospital at which the child is treated and the School Health Service. If the School Health Service is to maintain its place in the State Medical Service it is likely that more duties in connection with the actual treatment of children will be allotted to it. How this may develop is at present uncertain, but meanwhile any steps which make the ties between the School Health Service, the University and the City Hospitals more intimate are to be welcomed as likely to increase the efficiency of the Service and make it a more integral part of the health services of the City.

The School Health Service, like other organisations requiring the services of nurses, is finding the shortage of nursing personnel, which is nation-wide, a very serious matter. It has prevented the further development of sub-clinics, which would require additional staff, and has made it difficult, owing to an abnormal amount of illness amongst the staff during 1946, to maintain our existing clinic services.

Some of a School Nurse's duties, like the regular cleanliness inspections of children and their weighing and measuring, which occupy a considerable proportion of her time, do not really require the attention of a highly trained and fully qualified nurse. In order to make better use of our nursing staff, it is proposed to appoint a number of Clinic Assistants who may work under the supervision of School Nurses and carry out certain of their duties which do not require professional training and qualifications. Those considered suitable for appointment are persons between 25 and 35 years of age, who have a good educational standard and preferably some nursing experience.

This is, quite frankly, an experiment, but if it proves successful it should free School Nurses to concentrate on the responsible duties which they alone are qualified to perform.

The schools were free from serious epidemic illness during the year. The Health Department has maintained the satisfactory percentage of children protected by immunisation against diphtheria in the schools. Sessions for immunisation have been arranged at their request in both primary and secondary schools. The benefits of the campaign by the Public Health Department for protecting children are now being reaped. Only sporadic cases of diphtheria occurred in Leeds schools during 1946.

In accordance with the instructions of the Ministry of Education, a change has been made in the age groups of children for whom routine inspection in school has to be arranged. The groups now fixed by the Ministry are (1) Entrants—to be examined as soon as

possible after admission to school, (2) Children attending primary schools—to be examined during their last year's attendance at such schools, that is children of 10 to 11 years of age, and (3) Pupils to be examined during their last year of attendance at a secondary school.

The change to these new age groups was made in Leeds during 1946. The change means that children, who may be examined in Nursery Classes when only three years of age, will not have their next full inspection until they are 10 years old. It is felt that this interval, which may be as much as seven years, is too long. When staff is available, examination of an additional age group, perhaps the seven to eight year olds, appears to be desirable.

The alteration in age groups also means that there will only be one full inspection of pupils during their attendance at secondary grammar schools and this will be during their last year at school when they are 15 to 16 or 16 to 17 years of age. This is not a very satisfactory arrangement and applications have been received from secondary schools for an additional inspection of the pupils soon after their admission to these schools.

**Return of Number of Children on Roll at
31st December, 1946.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Primary—</i>			
County	71	150	41,043
Voluntary	49	79	14,346
<i>Secondary—</i>			
Modern	3	5	1,479
Grammar	8*	8	5,139
† Technical	2*	2	1,219
<i>Home Office</i>	2	2	205
<i>Special—</i>			
Educationally Sub-normal	4	4	428
Physically Handicapped ..	1	1	131
Partially Sighted	1	1	40
Deaf and Partially Deaf	1	1	119
<i>Other—</i>			
Sanatorium	1	1	65
Nursery	1	1	81
Total ..	144	255	64,295

* Two Schools house both Grammar and Junior Technical.

† Only refers to Junior Students.

Dr. Prince reports :—

Nursery School
and Nursery
Classes.

“ The year has seen a contraction of the work in so far as the cessation of emergency measures has resulted in a decrease in numbers. Children under three years of age are no longer admitted to the standard Nursery Class and the size of the group has been reduced from a maximum of 40 to a maximum of 30 children.

“ The decrease in numbers has been partly compensated by the transfer of four Emergency Day Nurseries from the Health Department, namely, Cowper Street, Cross Flatts, Londesborough Grove and Woodhouse. They are now run on Nursery Class lines under the supervision of Head Teachers in neighbouring Infant Schools.

“ The health of the children has been well maintained.

“ Dr. Holoran and Dr. Prince have continued to assist in the training of Nursery Class Assistants and Wardens and in supervising the hygiene of the Nurseries. They have also co-operated with Medical Officers of the Health Department in lecturing to students training for the recently instituted National Nursery Examination Board Certificate. This Course is the joint responsibility of the Health Department, with its Day Nurseries and Residential Nurseries and of the Education Department with its Nursery School and Nursery Classes. It places vocational training within a general cultural framework and offers interesting opportunities for breaking new ground in the teaching of Infant Welfare to adolescent girls.”

The following report has been received as to the provision of Provision
of Meals. meals in school :—

“ The total number of school dinners served during the year was 3,894,339 ; of these 583,097 were free and 3,311,242 were paid for.

“ The Committee’s new ‘ Free Meals Scale Allowances ’ approved in January were implemented from the 1st April and, as a result, the number of free cases has shown a very steep rise from 2,200 cases in January to 3,332 in December. This represents an increase of 50 per cent. in a year. Free cases are first priority and, as a result, especially in schools where canteen space is limited, paying children whose parents are both working are being refused dinners. This is causing many Head Teachers much embarrassment.

“ This large increase has unfortunately coincided with a delay on the part of the Ministry of Works in handing over much needed Supplying Kitchens. The result has been a reversal of last year’s position—at that time the Kitchens were able to produce a larger number of meals than the canteens could absorb. The 11 new canteens opened during the year have absorbed the whole of this surplus.

“ The delay in the construction of new kitchens has retarded the steady progress towards implementing the Committee’s scheme of expansion.

“ The construction by the Ministry of Works of the Middleton (Acre Road) Kitchen was begun in December, 1945, but there is no prospect that it will be in operation before March, 1947.

“ Approval was received from the Ministry of Education for the erection of kitchens at Burton House and Seacroft Parklands seven and four months ago, respectively. The Ministry of Works was notified, but as yet the contracts have not been let.

“ Expansion of the Committee’s scheme to provide dinners for 75 per cent. of the children on roll cannot, therefore, proceed. No further canteens can be opened and existing canteens cannot be allowed to increase the numbers of children on the waiting lists until more kitchens are available to supply the requisite number of dinners.

“ As an alternative to prefabricated kitchens to be erected by the Ministry of Works, plans are being submitted for the adaptation as kitchens by the Local Authority of the following school premises :—

Isles Lane ..	..	..	..	1,000 meals capacity
Sweet Street ..	..	..	..	1,500 „ „ „
Burley Lawn ..	..	..	..	1,500 „ „ „

“ In addition, plans are to be prepared for erection by the Ministry of Works of the following kitchens at :—

(1) Hall Lane ..	..	..	..	2,000 meals
(2) Halton Moor ..	..	..	..	2,000 meals

and small combined kitchens and dining rooms at :—

(a) Swinnow Road ..	..	..	600 meals
(b) Bramley Broad Lane ..	..	500	„
(c) Cookridge ..	..	60	„
(d) Templenewsam Colton ..	..	100	„
(e) Roundhay C. of E. ..	..	84	„

“ The thanks of the Authority are due to all who continue unselfishly to give their services in the administration and supervision of the school dining canteens.”

There was a considerable increase in the number of bottles of milk supplied to school children. This was due to the change made in August, 1946, after which date the milk was supplied free of all cost. The percentage of children in attendance at school taking milk jumped from about 75 per cent. to 97 per cent. for the last four months of the year.

The milk supplied is $\frac{1}{2}$ of a pint for each child. It was intended to increase this amount to $\frac{2}{3}$ of a pint in the autumn of 1946, but the supply position rendered it impracticable and the provision of a second bottle of milk for each child—a very desirable measure in the interests of the children's health and nutrition—had to be postponed.

**Milk in Schools Scheme 1st January to
31st December, 1946.**

Number of Bottles	..	..	..	..	..	9,956,006
Average daily number of Bottles	..	..	..	..	..	50,796
Average Attendance for December, 1946	..	..	..	..	..	57,061
Percentage of Children present taking Milk—December, 1946						97%

The provision of more sub clinics to relieve the branch clinics ^{Branch Clinics.} of many of their minor ailment cases has not been possible. Apart from the question of suitable accommodation, the shortage of nurses has prevented further development. There must be a fully qualified nurse for each sub clinic to be responsible for the carrying out of treatment. If Clinic Assistants can be appointed to relieve nurses of some of their less skilled duties it should be possible to make more progress in 1947. By bringing treatment to the schools there should be an increase in the efficiency of treatment, as it should ensure regular attendance and there should also be a marked saving in the amount of interruptions of school work.

There has been a reduction in the number of children excluded from school during the year. The fall in the number excluded is at least partly due to the fact that the School Nurses have made only 169,000 examinations of children in school, compared to 212,000 in 1945.

There is still considerable delay in having the glasses prescribed at the School Clinics made up by the opticians who supply spectacles under the Authority's scheme. At present the period between the prescription of the glasses and their issue to the children varies between four weeks and three months, according to the complexity of the lenses prescribed.

During 1946 there were 3,403 exclusions of children from school ^{Uncleanliness.} on account of lack of cleanliness. Of these, 1,344 were cleansed by their parents within the statutory period allowed for the purpose. The remainder were referred to the Public Health Department for cleansing at their cleansing stations and were not readmitted to school until certificates had been issued at the cleansing stations.

The number of children excluded in 1945 was 4,974. The fall in 1946 may be to some extent explained by the smaller number of examinations made by the School Nurses during the year. On the other hand, the period of absence from school of individual cases has been greatly reduced. The prompt following up by the Public Health Department of cases notified to them and their insistence on adequate treatment and cleansing—in some cases of other members of the family as well—have had a marked effect on the length of exclusion from school. The co-operation of the Public Health Department has proved extremely valuable on this account.

The use of D.D.T. powder as an insecticide has now, however, made it possible to adopt measures which it is hoped will reduce the number of children who have to be excluded from school. All children who are found to be verminous are, and must be, excluded immediately, but in cases of persistent nits exclusion is only resorted to if there is no improvement after two warnings have been given to the parents. The procedure now is to include with the warning notices an offer to the parents to supply from the school clinic, free of cost, a carton of D.D.T. powder. With the powder instructions are given as to its use and the case is followed up to ensure that the treatment is efficiently applied. D.D.T. powder has a persistent action and, if properly used, destroys any live vermin which may hatch out from the nits. It is reasonable to expect that its use will reduce the number of children who have to be excluded and referred to the Public Health Department for cleansing.

Child Guidance.

It was hoped that a Child Guidance Clinic might be established in 1946, but that has not proved possible owing to the difficulty of obtaining the specially qualified staff needed. Regulations issued under the Education Act of 1944 have made it a statutory duty of Education Authorities to provide such clinics and the result has been that the supply of staff with the required qualifications has fallen far short of the demand for their services.

In Leeds the University has created a Department of Psychiatric Medicine and it may be that arrangements can be made, mutually advantageous both to the University and the Education Authority, for a joint clinic to be established in the near future. As the work develops—and it most certainly will—and the shortage of staff becomes less acute, it should be possible for the Authority to have its own Child Guidance Clinic, but even then close liaison with the University, especially on the psychiatric side, is desirable. The benefits which may result from co-operation with the University hardly require emphasis.

The need for hostel accommodation for maladjusted children has been referred to in recent reports. It is at present very difficult to obtain vacancies in hostels maintained by other Authorities and when a Child Guidance Clinic is established for Leeds children the number for whom residence in a hostel is recommended is sure to be largely increased. The only satisfactory solution is for the Authority to have its own hostels.

The Ministry of Education has determined that the following ^{Handicapped Children.} categories of children require special educational treatment—
 (1) Blind (2) Partially Sighted (3) Deaf (4) Partially Deaf (5) Delicate (6) Diabetic (7) Epileptic (8) Educationally Subnormal (9) Maladjusted (10) Physically Handicapped (11) Children with Speech Defects.

The special educational treatment does not necessarily mean in special schools. Many of these children may remain in ordinary primary and secondary schools with some modification of the curriculum there or with some special provision for the needs of particular children.

On the other hand, for certain of the more seriously handicapped children residential school accommodation only can be regarded as satisfactory. Moreover, in certain of the categories of handicapped children the number of children in any area under a single Education Authority is too small for the establishment of schools satisfying the Ministry of Education's requirements for them alone. These children require admission to a central residential school. The Ministry of Education has directed that the problem of dealing with these children should be solved by the co-operation of Education Authorities on a regional basis. During 1946 there has been conference between the Authorities in the Yorkshire region with a view to deciding what residential schools particular Authorities should be asked to establish, both for their own children and for children from the areas of the other Authorities concerned. By a reciprocal arrangement between the Authorities provision could then be made for all handicapped children requiring boarding school accommodation in the region. Leeds Education Authority has expressed its willingness to take its part in such a regional arrangement.

(1) *Blind.*—There are at present 12 Leeds children of school age in this category; 10 are in residential schools, 1 is awaiting admission and 1 at present unfit for school.

(2) *Partially Sighted* Children are admitted to the Special School at Farnley on the recommendation of Mr. Black, Consulting Ophthalmic Surgeon, and Dr. Wood, School Medical Officer attached to the school. In addition to those considered suitable for admission, a register is kept of children who are fit to attend ordinary school, but require special consideration there on account of their eyesight.

There are 40 children in the Special School at Farnley, 39 Leeds children and 1 from an outside Authority. Fourteen are resident. The classification of the Leeds children is as follows :—

Myopia	13
Congenital Cataract	7
Optic Atrophy	3
Corneal Scars	2
Retinal Abnormalities	10
Dislocated Lenses	1
Children for Occlusion	3

As regards occlusion, Mr. Andrews, Headmaster of the School, writes : " Since we started this treatment in 1941 some 59 cases have passed through our hands and we had begun to feel a certain disappointment that the results were not commensurate with the efforts involved. Medical opinion appears to be leaning to the view that it is not sufficient to just passively cover up the good eye and see what happens. It is felt that the amblyopic eye needs some active stimulation. To bring this about one would need to devise exercises involving much finer work than would be attempted with a partially sighted class and to use such adjuncts as the cinema and other apparatus appealing to the sense of sight. It seems that there is a strong case for a special class of these amblyopic children in which these experiments could be developed and the results properly assessed."

(3) *Deaf* and (4) *Partially Deaf*.—Leeds children are admitted to the School for Deaf and Partially Deaf at Farnley on the recommendation of Mr. Sharp, Consulting Surgeon in Ear, Nose and Throat conditions. A list is also kept of children with less severe degrees of deafness who may remain in ordinary schools under observation, but for whom the School Medical Officer has recommended particular attention, for instance to sit in the front row of the class or on the teacher's right or left, according to the ear which is affected.

There are 42 deaf and 32 partially deaf Leeds children at Farnley at present, of whom 45 are resident. In addition there are 33 deaf and 12 partially deaf children from other Authorities, of whom 44 are resident.

The presence of the children from outside Authorities is of great value to the school as it facilitates the grading of the children in classes according to their age and attainments. But even so the numbers are too small to make it possible to fulfil all the requirements now laid down by the Ministry of Education.

Mr. Andrews, Headmaster of the School, reports:—"It is interesting to note that the proportion of boys to girls is roughly 3 to 2 in both sections of the School. Another feature worthy of note is the fact that we have 21 children under seven years of age in the School, the youngest being $3\frac{1}{2}$ years old. It indicates that parents of young deaf children are realising the benefits of earlier age of admission and are becoming better informed as to the possibilities of education for their children. There is a serious lack of Nursery School accommodation for the deaf throughout the country and applications from various parts show that parents are so keen that they are prepared to allow their young children to travel long distances in order to get an early start.

"Contact with the Child Welfare Services enabled us to invite mothers with deaf babies to visit the Nursery for one afternoon a month in order to learn how best to help the child at home and to prepare the child for Nursery School life. This has proved of the greatest value in the cases with which we have already dealt and we trust that the valuable contact will be continued.

"The Class Amplifiers continue to prove their value in the Partially Deaf department and we are hoping to extend our researches in the direction of bone conduction in the near future.

"The testing of backward children from normal schools by Pure Tone Audiometer has been continued on a limited scale during the year. There is no doubt that much remains to be done in this direction as and when children are discovered to be not making satisfactory progress in the normal schools."

(5) *Delicate*.—This is a large and rather undefined group which includes children whose general health and nutrition are subnormal and who would benefit from a stay of at least six months in an Open Air School. In this category there are in Leeds some 790 children. The Open Air School at Farnley has not been available for them since 1939 as it has been occupied by the Deaf and Partially Sighted. When provision is made for Delicate children it is desirable that as much accommodation as possible should be residential, as it has been found that the benefits derived by such children from a period in a boarding school far exceeds those obtained from attendance for a similar period at an Open Air Day School.

(6) *Diabetic*.—The number of diabetic children in Leeds schools is very small. Their care and treatment do not prevent them attending ordinary primary and secondary schools.

(7) *Educationally Subnormal*.—There are at present ascertained in Leeds 485 children. Accommodation for them in four day schools amounts to 410. When more accommodation is available it is proposed to establish a Senior Special School for Boys and another for Girls over 11 years of age and to have three, or possibly four, Junior Mixed Schools for younger children. By forming Senior Schools improved grading, according to abilities, will be possible and manual work and training may be developed to a degree which should be of real practical value to the children when they leave school.

A Hostel at Gledhow Grange was opened in July to house Educationally Subnormal Children whose homes were unsuitable or non-existent. There are at present 17 boys in the Hostel and they attend Hunslet Lane Special School.

(8) *Epileptic*.—There are at present four children in residential colonies and one awaiting admission. In addition there are 33 children who have infrequent or nocturnal fits and attend ordinary or other special schools.

(9) *Maladjusted*.—It is difficult to estimate the number of maladjusted children in Leeds who may require some special educational treatment. Probably about one per cent. of the school population requires some adjustment. In the last few months, with the prospect of a Child Guidance Clinic in view, School Medical Officers have been noting children suitable for reference to it. The names of 118 children are now on this list. This number will be greatly increased as ascertainment continues.

As has been said, no further progress has been made in the provision of residential accommodation for these children. At present there are four Leeds children in hostels maintained by other Authorities and one in a special residential school, but applications for the admission of others have failed.

(10) *Physically Handicapped*.—Admission to the Day Special School at Potternewton Mansion is arranged on the recommendation of Mr. Clark, Consulting Orthopædic Surgeon, or Dr. Holoran, who is attached to the School. There is accommodation in the School for 140 day scholars and there are also 16 Leeds children who have been admitted to Residential Special Schools for Physically Handicapped Children outside the city. In addition there is a register of 400 Physically Handicapped children in ordinary schools; of these 220 are cases with cardiac lesions. These are, for the most part, well placed in ordinary schools, but require some modification of the school curriculum or special consideration in their own interests.

In her report on Potternewton School for Physically Handicapped Children, Dr. Holoran says: "There are 131 on the roll at Potternewton P.H. School, of whom 45 have been admitted during the year. 38 children were removed from the roll during 1946, as follows:—

Returned to O.S.	..	..	..	..	18
To College of Commerce	..	..	..	..	5
To College of Art	..	..	..	..	1
To Partially Sighted School	..	..	..	..	1
To Private School	..	..	..	..	1
To Hospital School	..	..	..	..	5
To go to work	..	..	..	..	4
Died	..	..	..	..	1
Too ill for school	..	..	..	..	2

" During the year the number of heart cases in the school has risen from 33 to 40, the number of cerebral palsy cases has remained about the same at 25, while the tuberculous bone cases have risen from eight to 14 and the cases of infantile paralysis have been reduced from 19 to 14. The rest of the school population suffer from a variety of conditions:—Still's Disease, Muscular Dystrophy, Haemophilia, Fragilitas Ossium, Achondroplasia, Nephritis, Severe Burns, Dermatitis, Neuro-Syphilis, Amputation of Leg, Scoliosis, Rickets, Congenital Dislocation of the Hip, Spina Bifida, Congenital Absence of Radii, Congenital Talipes Equino Varus and Infective Arthritis. We have three children below the age of five.

" Most of the children who leave for work are registered as Disabled Persons under the Act of 1944. There has been no difficulty in obtaining the parents' consent so far, as after due explanation they have realised the advantage to the child.

" Some children who have been taken off the roll as too ill for school, or who are at home ill for long periods, are being visited by Red Cross workers under their new Care of Children scheme. They supply materials and plans for some handicraft and form an additional link with the outside world. This is greatly appreciated.

" Interest has been aroused in this country in the treatment of cerebral palsy by the work of American enthusiasts. Research is going on at present with the approval of the Ministers of Health and Education. These children are paralysed from birth, some have severe speech defects—many cases certainly appear more hopeless than they are. The assessment of their mental ability is a matter of considerable difficulty, while their education presents a real problem. We have 25 such cases attending Potternewton, as well as milder cases in ordinary schools, and are very interested consequently in this development. The placement in industry of

these cases is another problem, as the majority are below the average in ability in addition to their other handicaps. Sheltered workshops would solve this problem and would make many useful citizens and we must await the fruition of plans.

"The Old Scholars Association continues to flourish. At the annual reunion everyone has an opportunity of having advice on either medical or employment problems and is told where further help and advice can be obtained. It is also an occasion for congratulating many on good health and prospects."

Mr. Clark, Consulting Orthopaedic Surgeon, has asked the Authority to consider the establishment of a residential unit for the cerebral palsy cases referred to by Dr. Holoran. Such a unit might have accommodation for perhaps 50 children and cases might be admitted from other Authorities in the Yorkshire area. The Education Committee has expressed its willingness to include a residential school of this kind in the general scheme for boarding schools for this region.

(ii) *Children with Speech Defects.*—There are at present 224 children in Leeds schools noted as requiring speech therapy. This list could easily be extended considerably, but, as there is only one speech therapist, Mrs. Jackson, available, a longer waiting list is undesirable. Of her work, Mrs. Jackson reports as follows:—

"During the year 1946, 99 children were admitted to the Remedial Speech Clinics for treatment. The examination of these children revealed that there were cases of:—

Dyslalia ..	..	..	..	..	..	45
Stammering ..	..	..	..	..	..	41
Sigmatism ..	..	..	..	..	..	5
Rhinolalia Aperta ..	..	..	..	..	..	3
Rhinolalia Clausa ..	..	..	..	..	..	1
Stammering, plus articulation defects ..						4

68 children were discharged during the year as having attained normal speech:—

Sigmatism ..	..	..	..	..	..	5
Stammering, with defective articulation ..						4
Stammering ..	..	..	..	..	..	22
Dyslalia ..	..	..	..	..	..	37

10 children discontinued treatment through transport difficulties or lack of interest; 4 had their treatment deferred because of age or pending surgical or dental treatment, and the rest were retained, further treatment being considered necessary.

"The ages of the children ranged from 5 to 17 years. There were 20 girls and 79 boys. This once again supports the previous findings that the preponderance of males with speech disorders over girls is four to one.

"As physical and environmental factors play an important part in the aetiology of speech disturbances, a careful study of the history of each child was made and there were found to be 18 who were left-handed and a further 9 who, though not themselves left-handed, had relatives who were. 25 were only children and 26 were youngest children. 7 children had parents who were divorced or parted and 7 had one or both parents deceased. 9 children suffered from physical deformities; 11 reported accidents in childhood, while 22 children had stammering or kindred disorders 'in the family'—this number, however, may in all probability be much higher as experience has proved that parents have a strange reluctance in admitting that members of their families have suffered from such disabilities. In almost every case, however, the child, his mother or his father was declared to be of a 'nervous' or excitable temperament.

"The clinics have also been attended this year by two adults, men of the Royal Navy who, by arrangements between the Ministry of Pensions and the Leeds Education Committee, have been treated in the school clinics for aphasia.

"Both cases of this rare and severe disorder have yielded to treatment. One man who was suffering from sensory aphasia, whereby all knowledge of language, including both the written and spoken word, was lost, has been discharged, having regained a satisfactory standard of speech and having begun to make good progress in the re-educating of himself in the written word. The second man, suffering from post encephalitis, was found to have lost all motor memories which had rendered him voiceless as well as completely speechless. When he entered the clinic this condition had endured for over eighteen months. Now after six weeks he is responding to treatment, his voice is returning and he is gradually learning to speak once more.

"It is not generally realised to what extent Speech Therapy can help in the alleviation of the more rare and severe forms of speech disturbance, in fact, in some places, particularly in the United States, spastics are being taught not only to control the muscles of articulation but control of the whole body. This unfortunately, cannot be undertaken as yet in this city owing to the shortage of trained Speech Therapists, but it is hoped in time that Leeds too will be able to undertake this work."

At the end of 1945 the staff consisted of five permanent and two temporary Dental Officers. During the year the two temporary appointments were made permanent and two additional appointments were made. With the return of Dental Officers who had been serving in H.M. Forces the staff by the end of 1946 had increased to thirteen, all of whom held permanent appointments.

An additional dental surgery was constructed and equipped in the Central Clinic. It is proposed to establish two more surgeries in the Sheepscar district and two in Headingley as the opportunity offers and staff can be obtained. They are required to serve these areas, including the secondary grammar schools for which dental inspections and treatment must now be provided.

The appointment of a Senior Dental Officer to supervise and co-ordinate the dental work in the various branch clinics should be made in the near future.

Reports from several of the Dental Officers confirm the impression that the condition of the children's teeth in 1946 compares favourably with what was noted in 1938. This is especially marked in the younger age groups. A comparison of the figures for one surgery covering approximately two thousand children is interesting :—

	1938.			1946.		
Percentage of children referred for treatment at inspection	89%	..
Ratio of permanent teeth filled to unsaveable permanent teeth extracted	7 : 1	..
Average fillings per child treated	2.7	..

The Dental Officer in another clinic reports that at his inspection of six-year old children he found over 60 per cent. of children whose dental condition could be called good, little or no treatment being required.

With the return to a more adequate staff, a much greater proportion of time has been devoted to conservative work and the proportion of fillings to extractions shows a very marked and satisfactory increase.

Several Dental Officers have called attention to the need for other forms of treatment besides extractions and fillings. When these urgent requirements have been attended to it is hoped that it may be possible to give more time and attention to such measures as scaling, polishing and cleaning.

It is gratifying to report increased co-operation by parents. Interviews with parents both at the first inspection in school and when the children are brought to the clinic for treatment have been valuable in effecting this. Time given to this form of quiet propaganda is essential to the success of the service.

In the annual report for 1945 the establishment of an orthodontic clinic for school children was advocated. Little progress in this direction has been made during the year, but when a Senior Dental Officer is appointed he will be asked to submit a scheme, after consultation with the Dean of the Leeds Dental Faculty for the development of facilities for orthodontic treatment in the school clinics.

In conclusion, Mr. Chairman, Ladies and Gentlemen, may I, ^{Conclusion.} on behalf of myself and my colleagues, express thanks to you for your consideration, to the Director and Office Staff for their support, to the teachers for their co-operation, to Dr. Jervis and his colleagues and to the Medical Profession of the City for their help.

I have the honour to sign myself,

Your obedient servant,

MAURICE E. WILLCOCK,

Acting School Medical Officer.

APPENDIX

**MEDICAL INSPECTION AND
TREATMENT RETURNS**
YEAR ENDED 31st DECEMBER, 1946.

TABLE I.

**Medical Inspections of Pupils attending Maintained
Primary and Secondary Schools**

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS.

Entrants	..	..	..	..	..	..	..	8,595
Second Age Group	..	..	..	..	..	..	..	4,982
Third Age Group	..	..	..	..	..	..	..	4,813
								<hr/>
								18,390
NUMBER OF OTHER ROUTINE INSPECTIONS	..	..	..	..	..	..	..	*5,127
								<hr/>
								23,517

* Includes all Routine Inspections in Secondary Grammar and Secondary Technical Schools.

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS 44,924

TABLE II.

**Classification of the Nutrition of Children Inspected
during the Year in the Routine Age Groups.**

No. of Pupils Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
	20,995	3,080	14.67	16,417	78.19	1,486	7.08	12	.06

This table refers only to children in Primary Schools.

TABLE III.

**Group I.—Treatment of Minor Ailments (excluding
Uncleanliness).**

Total Number of Defects treated or under treatment during
the year under the Authority's Scheme 18,802

Group II.—Treatment of Defective Vision and Squint.

						Under the Authority's Scheme.
Errors of Refraction (including squint)						3,887
Other defect or disease of the eyes (excluding those recorded in Group 1)						—
TOTAL						3,887
No. of children for whom spectacles were						
(a) Prescribed						2,670
(b) Obtained						2,579

Group III.—Treatment of Defects of Nose and Throat.

			Under the Authority's Scheme
Received Operative Treatment .. ..	..	..	556
Received other forms of Treatment .. ..	..	..	1,565
			<hr/>
Total number treated .. ..	..	..	2,121

TABLE IV.—Dental Inspection and Treatment.

(1) Number of pupils inspected by the Dentist:							
(a) Routine age-groups	..	..	..	..	..	..	33,517
(b) Specials	..	..	..	..	..	..	4,660
(c) TOTAL (Routine and Specials)	..	..	..	..	..	..	38,177
(2) Number found to require treatment	..	..	..	..	..	..	26,438*
(3) Number actually treated	..	..	..	..	..	..	22,594†
(4) Attendances made by pupils for treatment	..	..	..	..	..	..	37,500
(5) Half-days devoted to:—				(7) Extractions:—			
Inspection	..	..	250½	Permanent Teeth	..	..	6,950
Treatment	..	..	5,109½	Temporary Teeth	..	..	24,708
TOTAL	..	..	5,420[‡]	TOTAL	..	..	31,658
(6) Fillings:—				(8) Administrations of general anæsthetics for extractions	..	..	16,010
Permanent Teeth	..	..	26,979	(9) Other Operations:—			
Temporary Teeth	..	..	51	Permanent Teeth	..	..	4,506
TOTAL	..	..	27,030	Temporary Teeth	..	..	7
				TOTAL	..	..	4,513

• Includes 4,660 Casuals.

• Includes 4,668 Casuals.
† Includes 3,918 Casuals.

† In addition 135 sessions spent in other work.

TABLE V.—Verminous Conditions.

(1) Total Number of Examinations of Pupils in the Schools by School Nurses or other authorised persons	160,214
(2) Number of <i>Individual</i> Pupils found unclean	8,680

TABLE VI.
Number of Exclusions, 1946.

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	1	3,343	3,344
Uncleanliness of Body ..	—	59	59
Ringworm—Scalp and Body ..	19	19	38
External Eye Disease ..	6	97	103
Scabies	196	526	722
Impetigo	25	330	355
Other Skin Diseases	7	70	77
Other Diseases	9	56	65
Vision	—	—	—
TOTAL 1946 ..	263	4,500	4,763
TOTAL 1945 ..	417	6,394	6,811

TABLE VII.

Average Height.

Age last Birthday.	Primary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	1,233 (781)	1,037 (699)	40·1 (39·4)	40·0 (40·7)
5	1,888 (1,479)	1,781 (1,476)	42·3 (42·3)	42·2 (42·2)
8	2,602 (2,239)	2,380 (2,250)	48·7 (49·5)	48·6 (48·6)
12	1,808 (1,765)	1,789 (1,828)	56·1 (56·2)	56·7 (56·5)

The figures in brackets are those for 1945.

TABLE VIII.

Average Weight.

Age last Birthday.	Primary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	1,233 (781)	1,037 (699)	38·4 (38·7)	37·5 (37·4)
5	1,888 (1,479)	1,781 (1,476)	42·2 (42·1)	40·9 (40·8)
8	2,602 (2,239)	2,380 (2,250)	56·4 (55·5)	55·5 (55·4)
12	1,808 (1,765)	1,789 (1,828)	78·1 (77·9)	77·8 (77·7)

The figures in brackets

TABLE IX.

**Number of Children on Roll in Special Schools
on 31st December, 1946.**

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
EDUCATIONALLY SUB-NORMAL—			
Armley	94	—	94
East Leeds	67	—	67
Hunslet Lane	202	—	202
Lovell Road	65	—	65
DEAF AND PARTIALLY DEAF			
	74	45	119
PARTIALLY SIGHTED			
	39	1	40
PHYSICALLY HANDICAPPED			
	131	—	131

In addition, the Leeds Education Authority is responsible for the maintenance of Leeds children in Residential Schools and Hostels as follows :—

BLIND—

Yorkshire School for the Blind, York	8
Henshaw's Institution for the Blind, Manchester ..	1
Royal Normal College for the Blind, Rowton Castle ..	1

DEAF—

St. John's Institution for the Deaf and Dumb, Boston Spa	7
--	---

EPILEPTIC—

Lingfield Epileptic Colony, Lingfield	5
Chalfont Epileptic Colony, Chalfont-St.-Peter ..	1

EDUCATIONALLY SUB-NORMAL—

Besford Court R.C., Worcester	1
Allerton Priory R.C., Liverpool	2
All Souls' R.C., Hillingdon	2

PHYSICALLY HANDICAPPED—

Marguerite Hepton Memorial Orthopaedic Hospital, Thorparch	8
Edward VII Hospital for Crippled Children, Field	3

Orthopaedic Hospital, Northampton	2
Liverpool Children's Hospital, Heswall ..	1

Open Air School, St. Leonard's-on-Sea	1
Agnes Hunt Orthopaedic Hospital,	1

..	3
..	1
..	1